

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107018319

FILED DATE 25 APR 2002

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2			/	/			52		/				
3			/	/			53		/				
4			/	/			54		/				
5			/	/			55		/				
6			/	/			56		/				
7			/	/			57		/				
8			/	/			58		/				
9			/	/			59		/				
10			/	/			60		/				
11			/	/			61		/				
12			/	/			62		/				
13			/	/			63		/				
14			/	/			64		/				
15			/	/			65		/				
16			/	/			66		/				
17			/	/			67		/				
18			/	/			68		/				
19			/	/			69		/				
20			/	/			70		/				
21			/	/			71		/				
22			/	/			72		/				
23			/	/			73		/				
24			/	/			74		/				
25			/	/			75		/				
26			/	/			76		/				
27			/	/			77		/				
28			/	/			78		/				
29			/	/			79		/				
30			/	/			80		/				
31			/	/			81		/				
32			/	/			82		/				
33			/	/			83		/				
34			/	/			84		/				
35			/	/			85		/				
36			/	/			86		/				
37			/	/			87		/				
38			/	/			88		/				
39			/	/			89		/				
40			/	/			90		/				
41			/	/			91		/				
42			/	/			92		/				
43			/	/			93		/				
44			/	/			94		/				
45			/	/			95		/				
46			/	/			96		/				
47			/	/			97		/				
48			/	/			98		/				
49			/	/			99		/				
50			/	/			100		/				
TOTAL IND.			4				TOTAL IND.	0					
TOTAL DEP.			48				TOTAL DEP.	48					
TOTAL CLAIMS			50				TOTAL CLAIMS	48					

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